



# LIFE INSURANCE DESIGNATION OF BENEFICIARY CHANGE

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53855 (08/05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657**  
**(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920**

<b>PART A MEMBER INFORMATION</b>					Control # <b>44374</b>	
Name (Last, First, Mi)					Social Security Number	
<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced			Date if changing marital status		Date of Birth	
Effective Date of Change		Department Name			Department Number	
<b>PART B DESIGNATION OF BENEFICIARY</b>						
<b>Primary Beneficiary (ies)</b> (If person enter: Last, First, Mi)		<b>Relationship</b>	<b>Social Security No.</b>	<b>Birth Date</b>	<b>%Share must = 100%</b>	<b>Address</b>
<b>Contingent/Secondary Beneficiary(ies)</b> (If person enter: Last, First, Mi)		<b>Relationship</b>	<b>Social Security No.</b>	<b>Birth Date</b>	<b>%Share must = 100%</b>	<b>Address</b>
<b>PART C MEMBER AUTHORIZATION</b>						
I understand that this election revokes any previous life insurance beneficiary designations. I have read and understand the terms and conditions listed on page 2 of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.						
_____ Member Signature				_____ Date Signed		

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

**Part A Member Information**

Enter your name, social security number, date of birth, and marital status.

**Part B Designation of Beneficiary**

1. Use full legal name. (Example: "Anna May Smith," not Mrs. John Smith")
2. A member may designate contingent beneficiary (ies) who will receive benefits if the primary beneficiary (ies) predecease member.
3. If more than one person in a class (primary or contingent beneficiary) is named, members of that class will share equally in the benefits unless specific shares are designated. The total number of shares must equal 100 percent. The benefit will be distributed as directed by the designation. If a named beneficiary does not survive, the beneficiary's share will be distributed among any surviving beneficiaries, in the same proportion as the initial shares.
4. **If the claim amount is more than \$50,000, a certified copy of the Death Certificate must be provided to NDPERS to process the claim.** Otherwise a photocopy of the death certificate will be sufficient.
5. Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established, or as allowed by law.
6. If an estate is named, specify whose estate such as: "Estate of the Insured." Full name and address of the executor must be included.

**TRUSTEE DESIGNATION:**

1. Trustee under the last will and testament of the insured, or his/her successors in trust, PROVIDED, HOWEVER, that if no claim is made by the Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing the trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
2. "The \_\_\_\_\_ Trust Company, trustee under written trust agreement date (month, date, year) \_\_\_\_\_, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability." Full name and address of trust administrator must be included.

IT IS IMPORTANT TO KEEP YOUR BENEFICIARY DESIGNATIONS CURRENT IF YOU EXPERIENCE LIFE CHANGE EVENTS.

**Part C Member Authorization**

You must sign and date this section for this form to be valid.

**Disclosure:**

Group Life coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply.